



Medical Necessity Criteria 2010

WellCare/Magellan Medical Necessity Criteria 2010

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Magellan reviews and determines medical necessity, as required, based on this criteria set for Georgia Families and PeachCare Kids members who have selected WellCare as their benefit plan.

Magellan uses the guidelines contained in this document *in addition to* those in its [national Medical Necessity Criteria](#). You can find the national document online at www.MagellanHealth.com/provider.

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Assertive Community Treatment

The purpose of these criteria is to define and clarify when assertive community treatment mental health services meet the definition of medical necessity.

Principles for Certification

When an individual has a psychiatric disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive outpatient level appropriate for the condition, such as office-based outpatient or in-home treatment services, unless there is compelling evidence to the contrary.

Assertive community treatment encompasses comprehensive and intensive outpatient services delivered in the community, such as the client's home or residence and/or other community settings. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or amelioration of symptoms of mental disorder. Such services are directed primarily to individuals with severe and persistent mental disorders and/or complex symptoms that require multiple mental health and support services to maintain the individual in the community. Such services are active and rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will lead to specific, observable improvements in the individual's functioning and community tenure.

Medical necessity for assertive community treatment services is established by satisfying the following admission and continued care criteria. Satisfaction of all admission and continued care criteria must be documented in the clinical record, based upon the conditions and factors identified below, before treatment will be authorized.

I. Criteria for Admission

Assertive community treatment services are appropriate for adults who have serious mental illnesses or emotional disturbances and who meet each of the criteria outlined below.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV Axis I diagnosis consistent with a serious and persistent mental illness.
2. Level of stability
 - a. A pattern of repeated treatment failures with at least two hospitalizations within the previous 24 months; *or*
 - b. The individual is in need of multiple and/or combined mental health and basic living supports to prevent need for more intrusive level of care; *and*
 - c. Risk to self, others or property is considered to be low although, without treatment or support, the individual's potential risk in these areas may be increased; *and*
 - d. The individual is medically stable and does not require a level of care that includes more intensive medical monitoring; *and*
 - e. The individual lives independently in the community or demonstrates a capacity to live independently and transform from a dependent residential setting to independent living.
3. Degree of impairment (must meet a or b; may meet c)
 - a. Individual does not have the resources or skills necessary to maintain an adequate level of functioning in the home environment without assistance or support, and exhibits impairments arising from a psychiatric disorder that compromise his/her judgment, impulse control and/or cognitive perceptual abilities.

- b. Individual exhibits significant impairment in social, interpersonal or familial functioning arising from a psychiatric disorder, which indicates a need for assertive treatment to stabilize or reverse the condition.
- c. Individual exhibits impairment in occupational or educational functioning arising from a psychiatric disorder, which indicates a need for counseling, training, or rehabilitation services or supports to stabilize or reverse the condition.

II. Criteria for Continued Stay

Continuation of assertive community treatment services is appropriate for individuals who meet each of the criteria A-D outlined below.

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of treatment services, and there is a broad and persistent effect on the individual's ability to effectively manage day-to-day activities of living and self-support on an independent basis.
- B. There is a reasonable expectation that the individual will benefit from the Assertive Community Treatment program. This is observable as a positive and beneficial response to treatment and follow-through with treatment recommendations including, but not limited to, medication adherence, homework assignments and collaboration with the Assertive Community Treatment team in treatment.
- C. Individual is making attempts/progress toward goals and is benefiting from the plan of care, as evidenced by attainment of therapeutic rapport, lessening of symptoms over time and stabilization of psychosocial functioning through service planning, homework and team involvement.
- D. Treatment promotes individual self-efficiency and maximizes independent functioning. Treatment techniques are employed to encourage use of natural support systems to promote an individual mastery of his/her environment. Active assessment of ongoing need for Assertive Community Treatment team support completed every six months.

Activity Therapy: Adult, Adolescent, Child

The purpose of these criteria is to define and clarify guidelines for activity therapy services for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Activity therapy services facilitate the development of an individual's independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual's participation in the community. This may include the individual's home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual's environment or the individual's needs.

Medical necessity for activity therapy services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual's medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

I. Guidelines for Admission

Activity therapy services are appropriate for adults, adolescents and children who have a serious mental disorder who meet each of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV diagnosis of a mental disorder that is the cause of significant psychological, personal care, vocational, education, or social impairment, such as:
 - a. Inability to care for personal needs and carry out independent living skills,
 - b. Limited school or employment performance,
 - c. Interpersonal relationship problems, and
 - d. Limited ability to manage psychiatric symptoms.
2. Without adequate activity therapy services, impairment described in number 1 above puts the individual at risk:
 - a. For a higher level of care, *or*
 - b. Loss of a basic support, such as housing or employment.
3. Based on the individual's history or current condition, less frequent intervention is not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care; and

4. Expectation that the individual's condition can improve through provision of medically necessary and appropriate rehabilitation intervention.

B. Intensity of Service

1. The individual requires a program of rehabilitation supports to remain in the community; *and*
2. The individual treatment plan documents active rehabilitation services geared toward improving the individual's symptoms, behavior, or level of functioning.

II. Guidelines for Continued Care

Continuation of activity therapy services is appropriate for individuals who meet all of the guidelines below (A-C).

- A. The expectation that continuation of services will promote, maintain, or improve the individual's level of functioning in at least one of the four environments - occupational, residential, scholastic, social - in any or all of the following:
 1. Ability to care for personal needs and carry out independent living skills;
 2. School or employment performance;
 3. Interpersonal relationships, and
 4. Ability to manage psychiatric symptoms.
- B. The individual's continuing need for the services provided by Activity Therapy Services privileged staff in order for the individual to:
 1. Live as independently as possible in the community, and
 2. Avoid inpatient care.
- C. Clinical evidence indicating that:
 1. Termination or reduction of activity therapy services would result in an exacerbation of the mental disorder, and
 2. The individual's condition can be expected to improve or be maintained through medically necessary and appropriate activity therapy intervention.

Psychosocial Rehabilitation Services: Adult, Adolescent, Child

The purpose of these criteria is to define and clarify guidelines for psychosocial rehabilitation services for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Psychosocial rehabilitation services facilitate the development of an individual's independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual's participation in the community. This may include the individual's home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual's environment or the individual's needs.

Medical Necessity for psychosocial rehabilitation services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual's medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

I. Guidelines for Admission

Psychosocial rehabilitation services are appropriate for adults, adolescents and children who have a serious mental disorder who meet each of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV diagnosis of a mental disorder that is the cause of significant psychological, personal care, vocational, education, or social impairment, such as:
 - a. Inability to care for personal needs and carry out independent living skills,
 - b. Limited school or employment performance,
 - c. Interpersonal relationship problems, and
 - d. Limited ability to manage psychiatric symptoms.
2. Without adequate psychosocial rehabilitation services, impairment described in number 1 above puts the individual at risk:
 - a. For a higher level of care, *or*
 - b. Loss of a basic support, such as housing or employment.
3. Based on the individual's history or current condition, less frequent intervention is not sufficient to prevent clinical deterioration, stabilize the disorder, support

effective rehabilitation, or avert the need for a more intensive level of care; and

4. Expectation that the individual's condition can improve through provision of medically necessary and appropriate rehabilitation intervention.

B. Intensity of Service

1. The individual requires a program of rehabilitation supports to remain in the community; and
2. The individual treatment plan documents active rehabilitation services geared toward improving the individual's symptoms, behavior or level of functioning.

II. Guidelines for Continued Care

Continuation of psychosocial rehabilitation services is appropriate for individuals who meet all of the guidelines below (A-C).

- A. The expectation that continuation of services will promote, maintain, or improve the individual's level of functioning in at least one of the four environments - occupational, residential, scholastic, social - in any or all of the following:
 1. Ability to care for personal needs and carry out independent living skills;
 2. School or employment performance;
 3. Interpersonal relationships, and
 4. Ability to manage psychiatric symptoms.
- B. The individual's continuing need for the services provided by psychosocial rehabilitation services privileged staff in order for the individual to:
 1. Live as independently as possible in the community, and
 2. Avoid inpatient care.
- C. Clinical evidence indicating that:
 1. Termination or reduction of psychosocial rehabilitation services would result in an exacerbation the mental disorder, and
 2. The individual's condition can be expected to improve or be maintained through medically necessary and appropriate psychosocial rehabilitative intervention.

Intensive Family Intervention

The purpose of these criteria is to define and clarify when intensive family intervention mental health services meet the definition of medical necessity.

Principles for Certification

When an individual has a psychiatric disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive outpatient level appropriate for the condition, such as office-based outpatient or in-home treatment services, unless there is compelling evidence to the contrary.

Intensive family intervention consists of time-limited, intensive mental health interventions delivered to children and/or adolescents with severe and persistent psychiatric or substance abuse disorders who are either 1) at immediate risk of removal from the home and from admission to a psychiatric hospital, a therapeutic foster care placement, or a psychiatric or substance abuse residential treatment facility, or 2) are currently in an inpatient psychiatric or substance abuse hospital, therapeutic foster care, or a psychiatric or substance abuse residential treatment facility with a discharge that is imminent, with a planned return to the home environment.

Intensive family intervention encompasses comprehensive and intensive outpatient services delivered in the community, such as the client's home or residence and/or other community settings. Intensive family intervention services are based on a comprehensive assessment and an individualized resiliency plan that has been developed with client participation and agreement. Services are individualized to the needs of the child/adolescent and his/her family. These services may include crisis intervention, linkage to community resources, intensive support, and individual and family counseling and skills training directed at stabilizing the living situation to reduce the immediate need for admission to or placement in more restrictive levels of care, or directed at promoting the imminent reunification of the child or adolescent with the family after discharge from one of the more restrictive levels of care. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or amelioration of symptoms of mental disorder. Such services are primarily for individuals with severe and persistent mental disorders and/or complex symptoms that require multiple mental health and support services to maintain the individual in the community. Such services are active and rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will lead to specific, observable improvements in the individual's functioning and community tenure.

After the initial assessment, approval of additional services is based on a comprehensive clinical evaluation and an individualized resiliency plan that includes:

- A **DSM-IV diagnosis** by a qualified mental health practitioner, and documentation that the severity of the child/adolescent's psychiatric or substance abuse disorder is such that they are at immediate risk for admission to a more intensive level of psychiatric or substance abuse treatment, including a psychiatric hospital level of care, a psychiatric or substance abuse residential treatment level of care, or a therapeutic foster care level, or that the child/adolescent will be imminently reunified with the home as a result of a plan to discharge the child/adolescent from a psychiatric hospital, a psychiatric or substance abuse treatment facility, or from a therapeutic foster home placement.
- **The basis and rationale that intensive family intervention services are the appropriate level of care**, including the history of the presenting problem and prior treatment showing that outpatient and other less intrusive and less intensive levels of care and community-based services have been attempted and exhausted. This will include the rationale for the appropriateness and necessity for intensive family intervention level of care services, to stabilize the living situation to reduce the immediate risk of admission to a more restrictive psychiatric or substance abuse treatment level of care, or for successful reunification of the child/adolescent into the home due to the child/adolescent's imminent discharge from a more restrictive level of psychiatric or substance abuse treatment level of care.

- **Individualized measurable goals, objectives and planned interventions** directed at reducing the imminent risk of removal from the home and admission to a more restrictive psychiatric or substance abuse treatment level of care.
- The **projected frequency and duration time frames** for the planned interventions and services, and the level of staff projected to provide the services appropriate to the goals and objectives.
- **An appropriate individualized transition/discharge plan**, including specific providers/agencies and step-down services the client will receive after discharge from intensive family intervention services.
- **Documentation of client participation and agreement** with the resiliency plan.

Medical necessity for intensive family intervention services is established by satisfying the following admission and continued care criteria. Satisfaction of all admission and continued care criteria must be documented in the clinical record, based upon the conditions and factors identified below, before treatment will be authorized.

I. Criteria for Admission

Intensive family intervention services are appropriate for adolescents and children who have serious mental illnesses or emotional disturbances, and who meet each of the criteria outlined below.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV Axis I diagnosis consistent with a serious and persistent mental illness.
2. The child or adolescent is at imminent risk of being removed from the home for admission to a psychiatric hospital, admission to psychiatric or substance abuse residential treatment, or a placement in a therapeutic foster home due to the severity of psychiatric or substance abuse disorder.
3. Level of stability
 - a. A pattern of repeated treatment failures with at least two hospitalizations within the previous 24 months; **or**
 - b. The individual is in need of multiple and/or combined mental health and basic living supports to prevent need for more intrusive level of care; **and**
 - c. Risk to self, others or property is considered to be low although, without treatment or support, the individual's potential risk in these areas may be increased; **and**
 - d. The individual is medically stable and does not require a level of care that includes more intensive medical monitoring; **and**
 - e. The individual lives independently in the community, or demonstrates a capacity to live independently and transform from a dependent residential setting to independent living.
4. Degree of impairment (must meet a or b; may meet c)
 - a. Individual does not have the resources or skills necessary to maintain an adequate level of functioning in the home environment without assistance or support, and exhibits impairments arising from a psychiatric disorder that compromises his/her judgment, impulse control and/or cognitive perceptual abilities.
 - b. Individual exhibits significant impairment in social, interpersonal or familial functioning arising from a psychiatric disorder, which indicates a need for assertive treatment to stabilize or reverse the condition.
 - c. Individual exhibits impairment in occupational or educational functioning arising from a psychiatric disorder, which indicates a need for counseling, training or rehabilitation services or supports to stabilize or reverse the condition.

5. The history of the presenting problem and prior treatment shows that outpatient and other community-based services that are less intrusive and less intensive have been attempted and exhausted, and that the intensive family intervention level of care services are necessary to stabilize the living situation to prevent admission to a more restrictive psychiatric or substance abuse treatment level of care, or for successful reunification of the child or adolescent into the home from a more restrictive psychiatric or substance abuse treatment level of care.

II. Criteria for Continued Stay

Continuation of intensive family intervention services is appropriate for individuals who meet each of the criteria A-D outlined below.

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of treatment services, and there is a broad and persistent effect on the individual's ability to effectively manage day-to-day activities of living and self-support on an independent basis. The client remains at immediate risk for admission to a more intensive level of care.
- B. There is a reasonable expectation that the individual will benefit from the Intensive Family Intervention program. This is observable as a positive and beneficial response to treatment, and follow-through with treatment recommendations including, but not limited to, medication adherence, homework assignments and collaboration with the Intensive Family Intervention team in treatment.
- C. Individual is making attempts/progress toward the specific goals outlined in the resiliency plan and is benefiting from the plan of care, as evidenced by attainment of therapeutic rapport, lessening of symptoms over time, and stabilization of psychosocial functioning through service planning, homework and team involvement. Treatment goals are measured by achievement in time frames outlined in the plan, and are directed at reducing the risk of removal from the home, and admission to a more restrictive psychiatric or substance abuse level of care.
- D. Treatment promotes individual self-efficiency and maximizes independent functioning. Treatment techniques are employed to encourage use of natural support systems to promote an individual mastery of his/her environment. Active assessment of ongoing need for Intensive Family Intervention team support completed at each treatment team meeting. An appropriate individualized transition/discharge plan, including specific providers, agencies and step-down services, are being identified early in the client's treatment.

The resiliency plan continues to have active client participation and agreement.

Crisis Residential Services, Mental Health, Adult, Adolescent, Child

The purpose of these criteria is to define and clarify referral guidelines for crisis services for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, outpatient group, or partial hospital program, etc.

Psychiatric crisis services includes mobile crisis services and residential crisis services. For criteria addressing mobile crisis services, please see the section “Mobile Treatment.” Services are designed to respond immediately through mental health interventions to prevent an admission to a more restrictive setting.

Residential Crisis

Residential crisis services are provided on a short-term basis in a community-based residential setting to prevent a psychiatric inpatient admission. This level of care provides for interventions requiring high frequency and intensity of application, and 24-hour management, supervision and treatment. A high degree of assurance of safety is provided, but a locked unit is not necessary or required for provision of on-site services.

Residential crisis services also have the potential for on-site medical and nursing care for clients at risk because of medical/surgical disorders that may affect or be affected by procedures necessary to treat a mental health disorder.

Services are provided 24 hours per day and seven days per week in an appropriately licensed facility. Treatment is focused on reducing immediate risk due to danger to self or others, severe disability, or medical factors that are associated with a mental health disorder and place the client at significant risk. Consideration of historical factors, including trials of maximal utilization of service in intensity via lower levels of care and other delivery systems are to be reflected in the client’s treatment. Treatment is intensive and is provided in a secure environment by a multi-disciplinary team of qualified professionals, including nursing personnel.

I. Guidelines for Admission

Medical necessity for admission of a child, adolescent or adult to residential crisis must be documented by presence of all the criteria below (A-C).

- A. Has a primary DSM-IV diagnosis of a mental disorder;
- B. Is at risk for hospitalization;
- C. Has need of immediate intervention because the individual:
 - 1. Is exhibiting behavior that is threatening to self or others; *or*
 - 2. Is experiencing rapid deterioration of functioning as a result of psychiatric symptoms; *and*
 - 3. Is able to benefit from the intervention because the individual can respond to short-term therapeutic intervention; *and*
 - 4. Does not have a current living environment that is suitable to stabilize the individual during the crisis.

II. Guidelines for Continued Care

Authorization for continued services is based on documentation that continuation of residential crisis services is appropriate for children, adolescents and adults who meet all of the outlined criteria below (A-C):

- A. Clinical evidence indicates the persistence of the problem that necessitated residential crisis services;
- B. Diversion from inpatient hospitalization continues to appear possible; and
- C. The individual's current available living environment is not suitable for stabilizing the individual during the crisis.

Mobile Treatment, Adult

The purpose of these criteria is to define and clarify guidelines when mobile treatment for mental health services meets the definition of medical necessity.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition.

Medical necessity for mobile treatment services is established by satisfying the following admission and continued care guidelines. Satisfaction of admission and continued care guidelines must be documented in the clinical record, based upon the conditions and factors identified below, before treatment will be authorized.

I. Guidelines for Admission

Mobile treatment services are appropriate for adults who have serious mental disorders that are exemplified by non-compliance and vulnerability, and who meet all of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation that indicates the individual has a primary DSM-IV diagnosis (inclusive of schizophrenia [295.00-295.99], mood disorder [296.00-296.89], other psychotic disorder [297.00-298.90] or borderline and schizotypal personality disorders [301.83, 301.20-301.22] only - all other diagnoses are excluded from this category) that is the cause of significant psychological, personal care and social impairment.
2. The impairment results in at least one of the following:
 - a. A clear, current threat to the individual's ability to live in his/her customary setting or the individual is homeless and would meet the criteria for a higher level of care, (e.g., inpatient or supervised residential if mobile treatment services were not provided).
 - b. An emerging/impending risk to safety or property of the individual or of others.
 - c. Inability to engage in traditional outpatient treatment.
3. Inability to form a therapeutic relationship on an ongoing basis as evidenced by one or more of the following:
 - a. Frequent use of emergency rooms for psychiatric reasons,
 - b. Psychiatric hospitalization, *or*
 - c. Arrest for reasons associated with the individual's mental illness.

B. Intensity of Service

1. The individualized service plan requires that services are rendered by a

multidisciplinary team of professional and support staff supervised by mental health professionals. A specific goal of the treatment is improving the individual's symptoms, behavior, and/or level of functioning enough to return the individual to a lesser level of care.

2. The individual's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary treatment team, providing a minimum of weekly face-to-face contact.
3. The individual must have 24-hour access to the mobile treatment team.

II. Guidelines for Continued Care

Continuation of mobile treatment services is appropriate for individuals who meet each of the criterion below (A-C):

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of treatment services despite treatment efforts, or there is the emergence of additional problems consistent with the admission guidelines.
- B. Evidence of attempts to integrate the individual into traditional outpatient treatment.
- C. The individual continues to be unable to engage in traditional outpatient treatment.

Mobile Treatment, Adolescent and Child

The purpose of these criteria is to define and clarify guidelines when mobile treatment for mental health services meets the definition of medical necessity.

Principles for Referral

When an individual with a mental disorder requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition.

Medical necessity for mobile treatment services is established by satisfying the following admission and continued care guidelines. Satisfaction of admission and continued care guidelines must be documented in the clinical record, based upon the conditions and factors identified below, before treatment will be authorized.

I. Guidelines for Admission

Mobile treatment services are appropriate for children and adolescents who have serious mental disorders that are exemplified by non-compliance and vulnerability, and who meet all of the criteria outlined below in A and B.

A. Severity of Need

1. A clinical evaluation that indicates the individual has a primary DSM-IV diagnosis that is the cause of significant psychological, personal care and social impairment.
2. The individual is at risk for out-of-home placement, including hospitalization or residential treatment center placement; *and*
3. Either a or b:
 - a. The individual has not maintained, on a continuous basis, community mental health services that are prescribed, *or*
 - b. The individual is exhibiting behavior that is a danger to self or others; *and*
4. The primary caretaker:
 - a. Has the goal of maintaining the child adolescent safely in the home, *and*
 - b. Agrees to participate in mobile treatment services.

B. Intensity of Service

1. The individual treatment plan requires that services are rendered by a multidisciplinary team of professional and support staff supervised by mental health professionals. A specific goal of the treatment is improving the individual's symptoms, behavior, and/or level of functioning enough to return the individual to a lesser level of care.
2. The individual's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary treatment team, providing a minimum of weekly face-to-face contact.

3. The individual must have 24-hour access to the mobile treatment team.

II. Guidelines for Continued Care

Continuation of mobile treatment services is appropriate for individuals who meet each of the guidelines outlined below (A-D).

- A. Despite treatment efforts, clinical evidence indicates that the problems that necessitated the provision of treatment services persists, or additional problems consistent with the admission criteria have emerged.
- B. Evidence of attempts to integrate the individual into traditional outpatient treatment have not been successful.
- C. The individual continues to be unable to engage in traditional outpatient treatment.
- D. The primary caretaker:
 1. Continues to have the goal of maintaining the child or adolescent safely in the home, and
 2. Continues to participate in mobile treatment services.

Residential Rehabilitative Supports: Adult, Adolescent, Child

The purpose of these criteria is to define and clarify guidelines for residential rehabilitative supports for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Residential rehabilitative supports facilitate the development of an individual's independent living and social skills, including the ability to make decisions regarding: self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual's participation in the community. This may include the individual's home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual's environment or the individual's needs.

Medical necessity for residential rehabilitative supports is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual's medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

I. Guidelines for Admission

Residential Rehabilitative Supports are appropriate for adults, adolescents, and children who have a serious mental disorder who meet each of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV diagnosis of a mental disorder that is the cause of significant psychological, personal care, vocational, education, or social impairment, such as:
 - a. Inability to care for personal needs and carry out independent living skills,
 - b. Limited school or employment performance,
 - c. Interpersonal relationship problems, *and*
 - d. Limited ability to manage psychiatric symptoms.
2. Without adequate residential rehabilitative supports, impairment described in number 1 above puts the individual at risk:
 - a. For a higher level of care, *or*
 - b. Loss of a basic support, such as housing or employment.
3. Based on the individual's history or current condition, less frequent intervention is not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care; *and*

4. Expectation that the individual's condition can improve through provision of medically necessary and appropriate rehabilitation intervention.

B. Intensity of Service

1. The individual requires a program of rehabilitation supports to remain in the community; and
2. The individual treatment plan documents active rehabilitation services geared to improving the individual's symptoms, behavior or level of functioning.

II. Guidelines for Continued Care

Continuation of residential rehabilitative supports services is appropriate for individuals who meet all of the guidelines below (A-C).

- A. The expectation that continuation of services will promote, maintain or improve the individual's level of functioning in at least one of the four environments - occupational, residential, scholastic, social - in any or all of the following:
 1. Ability to care for personal needs and carry out independent living skills;
 2. School or employment performance;
 3. Interpersonal relationships, *and*
 4. Ability to manage psychiatric symptoms.
- B. The individual's continuing need for the services provided by residential rehabilitative supports privileged staff in order for the individual to:
 1. Live as independently as possible in the community, *and*
 2. Avoid inpatient care.
- C. Clinical evidence indicating that:
 1. Termination or reduction of residential rehabilitative supports would result in an exacerbation of the mental disorder, and
 2. The individual's condition can be expected to improve or be maintained through medically necessary and appropriate residential rehabilitative intervention.

Skills Training and Development: Adult, Adolescent, Child

The purpose of these criteria is to define and clarify guidelines for skills training and development services for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Skills training and development services facilitate the development of an individual's independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in an approved psychiatric rehabilitation facility or offsite in a setting most conducive to promoting the individual's participation in the community. This may include the individual's home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual's environment or the individual's needs.

Medical necessity for skills training and development services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual's medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

I. Guidelines for Admission

Skills training and development services are appropriate for adults, adolescents and children who have a serious mental disorder who meet each of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV diagnosis of a mental disorder that is the cause of significant psychological, personal care, vocational, education, or social impairment, such as:
 - a. Inability to care for personal needs and carry out independent living skills,
 - b. Limited school or employment performance,
 - c. Interpersonal relationship problems, and
 - d. Limited ability to manage psychiatric symptoms.
2. Without adequate skills training and development services, impairment described in number 1 above puts the individual at risk:
 - a. For a higher level of care, or
 - b. Loss of a basic support, such as housing or employment.
3. Based on the individual's history or current condition, less frequent intervention is not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care; and

4. Expectation that the individual's condition can improve through provision of medically necessary and appropriate rehabilitation intervention.

B. Intensity of Service

1. The individual requires a program of rehabilitation supports to remain in the community; and
2. The individual treatment plan documents active rehabilitation services geared toward improving the individual's symptoms, behavior, or level of functioning.

II. Guidelines for Continued Care

Continuation of skills training and development services is appropriate for individuals who meet all of the guidelines below (A-C).

- A. The expectation that continuation of services will promote, maintain, or improve the individual's level of functioning in at least one of the four environments - occupational, residential, scholastic, social - in any or all of the following:
 1. Ability to care for personal needs and carry out independent living skills;
 2. School or employment performance;
 3. Interpersonal relationships, and
 4. Ability to manage psychiatric symptoms.
- B. The individual's continuing need for the services provided by skills training and development services privileged staff in order for the individual to:
 1. Live as independently as possible in the community, and
 2. Avoid inpatient care.
- C. Clinical evidence indicating that:
 1. Termination or reduction of skills training and development services would result in an exacerbation of the mental disorder, and
 2. The individual's condition can be expected to improve or be maintained through medically necessary and appropriate skills training and development intervention.

Peer Support

Description

Peer support interventions are collegial services delivered in the community, such as in the client's home or residence and/or community settings. The services are targeted toward the support of an individual with a serious and persistent mental illness. Such services are supportive and may be rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will benefit the client's functioning and assist him/her in maintaining community tenure.

Examples are:

- Person-to-person peer support
- Telephonic support
- Peer supervision in community-based settings.

I. Service Components (must meet all of the following)

- A. A peer support program will provide services directly by clients of mental health services, including at a minimum:
 1. Adults 18 and older who have been clients of mental health services
 2. Adults who are presently stable in their mental illness
 3. Adults who have advanced in their mental health recovery plan and have been approved by their physician to perform this service.
- B. Services are directly supervised by mental health professionals who are licensed at the independent practice level. Services are provided by Magellan/WellCare-credentialed organizational providers.
 1. An independently licensed mental health professional must be available by phone to peer-support providers on a 24-hour basis.
 2. A minimum of bi-weekly supervision meetings must be provided to peer-support providers by licensed mental health professionals. (Supervision must encompass mental health issues that affect those with a serious and persistent mental illness and substance abuse disorders.)
 3. Supervision provided must be within the scope of practice and licensure for the mental health professional.
 4. Peer-support providers must have access to initial training of basic mental health symptomatology, crisis identification, mental health and psychosocial service systems and substance abuse identification.
 5. Clients providing peer support must have access to at least one hour per month of ongoing training from clients who have experience in providing peer support. Clients providing this training will be approved by Magellan/WellCare.
- C. Case loads will be kept at manageable levels to enhance ability of peer-support providers to interact with clients and provide support in an individualized manner.

- D. A peer support program will appoint appropriate clients to approve of all management decisions regarding the design, delivery and monitoring of peer support services.
- E. A peer support program directly provides the following services in the home and community, upon approval of the client's psychiatrist or other mental health provider:
 - 1. Assignment of a peer support specialist to:
 - a. Support the client
 - b. Respond to the needs of the client
 - c. Develop a plan of coordination with present mental health and psychosocial service systems
 - d. Develop a safety plan that includes accessing community-based services when in crisis.

II. Admission Criteria (must meet all of the following)

- A. Validated principal DSM-IV Axis I or II diagnosis.
- B. Diagnoses of primary substance disorder or developmental disability disorders are excluded.
- C. Level of stability (must meet 1, 2, 3 and 4)
 - 1. Client is presently under the psychiatric care of a board-eligible psychiatrist or other qualified physician.
 - 2. Risk to self, others, or property is considered to be low. If risk to self, others, or property is present, it is determined that this can be managed by the current clinical team clients within the existing environment.
 - 3. The client is medically stable and does not require a level of care that includes more intensive medical monitoring. If not medically stable, then the client has the necessary medical resources to medically stabilize.
 - 4. Client is accepting of this intervention.

III. Degree of impairment (must meet A and B)

- A. Client has demonstrated a need for assistance in community living. An assessment has been made that this intervention will not interfere with the present treatment plan.
- B. Social/Interpersonal/Familial - An assessment has been made that this intervention will assist in these functioning areas for individuals who are served. It should be shown that expected benefits from this intervention cannot be provided by other resources available to the client.

IV. Continued Treatment Criteria (must meet A, B and C)

- A. Validated DSM-IV Axis I or II diagnosis
- B. There is a reasonable expectation that the client will benefit from the Peer Support program
- C. Client continues to express a desire to continue with this intervention.

Comprehensive Community Support Services: Adult, Adolescent, Child

The purpose of these criteria is to define and clarify guidelines for comprehensive community support services for children, adolescents and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Comprehensive community support services facilitate the development of an individual's independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual's participation in the community. This may include the individual's home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual's environment or the individual's needs.

Medical necessity for comprehensive community support services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual's medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

I. Guidelines for Admission

Comprehensive community support services are appropriate for adults, adolescents and children who have a serious mental disorder, who meet each of the guidelines outlined below in A and B.

A. Severity of Need

1. A clinical evaluation indicates that the individual has a primary DSM-IV diagnosis of a mental disorder that is the cause of significant psychological, personal care, vocational, education, or social impairment, such as:
 - a. Inability to care for personal needs and carry out independent living skills,
 - b. Limited school or employment performance,
 - c. Interpersonal relationship problems, and
 - d. Limited ability to manage psychiatric symptoms.
2. Without adequate comprehensive community support services, impairment described in number 1 above puts the individual at risk for:
 - a. A higher level of care, or
 - b. Loss of a basic support, such as housing or employment.

3. Based on the individual's history or current condition, less frequent intervention is not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care; and
4. Expectation that the individual's condition can improve through provision of medically necessary and appropriate rehabilitation intervention.

B. Intensity of Service

1. The individual requires a program of rehabilitation supports to remain in the community; and
2. The individual treatment plan documents active rehabilitation services geared toward improving the individual's symptoms, behavior, or level of functioning.

II. Guidelines for Continued Care

Continuation of comprehensive community support services is appropriate for individuals who meet all of the guidelines below (A-C).

- A. The expectation that continuation of services will promote, maintain, or improve the individual's level of functioning in at least one of the four environments - occupational, residential, scholastic, social - in any or all of the following:
 1. Ability to care for personal needs and carry out independent living skills;
 2. School or employment performance;
 3. Interpersonal relationships, and
 4. Ability to manage psychiatric symptoms.
- B. The individual's continuing need for the services provided by Comprehensive Community Support Services privileged staff in order for the individual to:
 1. Live as independently as possible in the community, and
 2. Avoid inpatient care.
- C. Clinical evidence indicating that:
 1. Termination or reduction of comprehensive community support services would result in an exacerbation of the mental disorder, and
 2. The individual's condition can be expected to improve or be maintained through medically necessary and appropriate comprehensive community support intervention.

Telepsychiatry/Telepsychiatry Services Authorization

Clinical Criteria and Clinical Practice Guidelines

Overview

Telemedicine is the use of electronic information and telecommunication technologies to support clinical care between a client and a health care practitioner. Telemedicine contacts may be clinical, educational or administrative in nature. The continued development of the Internet and recent reductions in the cost of technology to deliver this service have made telemedicine a viable option for delivering behavioral health services to clients residing in rural and underserved geographic regions. As a cost-effective alternative to more traditional ways of providing medical care (e.g., face-to-face consultations or examinations), use of telemedicine technology by health care providers (hereinafter referred to as *telepsychiatry*) can reduce transportation expenses; improve client access to specialists and mental health providers, particularly in rural communities; improve quality of care; and facilitate better communication among providers. Live, interactive two-way audio-video communication or *videoconferencing* is the modality addressed in the following guidelines.

Applications

The applications for videoconferencing in addressing behavioral health needs includes diagnostic, therapeutic and forensic modalities across the age span. The technology appears applicable to a broad range of diagnoses, although suitability for a specific client may depend on his/her particular needs. Points of delivery may include hospitals and their emergency rooms, clinics, offices, homes, nursing homes, schools and prisons. Magellan is limiting telepsychiatry for the purposes of these guidelines to pre-hospitalization assessment, medication management, and consultation of children/adolescents and adults.

Clinical Interviews

Telepsychiatry is conducted by a credentialed psychiatrist and/or other appropriately trained and licensed behavioral health provider, or with another health care provider (e.g., a case manager, clinical nurse practitioner, physician assistant, or physician), or between physician and a client. Other persons, such as another health care provider or family member, also may be present in a client interview. The telepsychiatry interview may be an adjunct to periodic face-to-face contact or it may be the only contact. It may be supported by additional communications technologies, such as faxed consultation information or transmission of a computerized clinical record.

Guidelines for use of telepsychiatry include the following:

1. Telepsychiatry will not be conducted in cases where a face-to-face contact is available within a 30-mile radius.
2. The consulting behavioral health provider's role must be clearly defined.
3. A credentialed behavioral health practitioner must be present with the client at the interface location. Refer to the section, *Prerequisites for Practitioners*.
4. The client must be informed about which provider is responsible for his/her care.
5. Referring and consulting providers must clarify who will be responsible for communicating results to the client.
6. The consulting behavioral health provider must request face-to-face consultation if the client's condition does not lend itself to a telehealth consultation, or if visual or sound quality is inadequate.
7. When a client is in ongoing treatment via telepsychiatry, availability of the clinician at times other than those scheduled must be addressed, as in any practice setting.

Emergency Evaluations

In general, behavioral health emergencies such as suicidal, homicidal, dissociated, demented or acutely psychotic will be managed by telepsychiatry only when other appropriate face-to-face resources are unavailable due to geographic location or lack of appropriate providers. In this instance, support staff must be present at the remote site during the intervention to accommodate the client's clinical condition and monitor client safety. The possibility of equipment failure further dictates availability of responsible individuals at the remote site.

Inclusion/Exclusion of Clients

Providers of telepsychiatry must establish criteria for inclusion and exclusion of clients.

A. Inclusion

The criteria must detail client eligibility for participation in the videoconferencing medium of service provision, in order to determine that each potential client-participant is an acceptable candidate for this medium. The criteria must address such factors as client ability to understand and participate in videoconferencing, as well as benefiting from the service.

B. Exclusion

The behavioral health practitioner must request face-to-face consultation for clients who do not meet inclusion criteria for situations in which visual or sound quality is inadequate.

Written Informed Consent

Written consent must be obtained from the client, his/her conservator or legal guardian/custodian before beginning the use of telepsychiatry services. Written consent must be included as part of the client's clinical record and must include the following standards:

- A. The client must be advised of the potential risks and consequences, as well as the likely benefits of telemedical consultation, and must be given the option of not participating. The client must receive an outline of potential risks and/or consequences that could occur during the delivery of the service.
- B. Participation in the videoconferencing service is voluntary and alternative care will not be withheld if the client refuses this option.
- C. The consent documents the client's acceptance or refusal of the use of videoconferencing telepsychiatric services, although such care could depend on availability of alternative resources.
- D. The client may terminate telepsychiatry services at any time without fear of loss of behavioral health care services or reprisal from health care providers.
- E. The client will be informed if the session is to be recorded and the purpose of the recording.
- F. All confidentiality standards applicable to a face-to-face service will apply.

Privacy and Confidentiality

A. Privacy

Client privacy must be maintained at all times during telepsychiatry services. Privacy standards apply to the location of the client (client-interface location), as well as the location of the physician receiving the client's audio/video transmission (physician's location). Evaluation or treatment must be performed in an environment where there is a reasonable expectation of absence from intrusion by individuals not involved in the client's direct care.

Recognizing that the hospital or Community Services Board (CSB) staff involved in the client's care, as well as telemedical technical staff, may at times be present in interviews, providers must have a privacy policy and procedure for use of telepsychiatry. The appropriate practitioner must review provider standards with each client prior to beginning the telepsychiatry services. The policy and procedure must include the following standards:

1. The client will be monitored through the use of video and audio components of videoconferencing, by authorized staff or other authorized parties, only with the knowledge and written authorization of the client.
2. The client will be notified if additional personnel involved in the delivery of telepsychiatry enter into the audio and/or video receiving site.

B. Confidentiality

Client confidentiality must be maintained at all times while receiving telepsychiatry services, in accordance with all applicable state and federal laws, including, but not limited to, Title 33, HIPAA, and A&D Confidentiality Regulations CFR-42, Part 2. Assuring the integrity of the analog/digital stream may warrant the use of encryption and of confidentiality clauses in service agreements, supplemented by monitoring and quality control.

Confidentiality applies to the provision of services at the client-interface location, as well as the physician's location. The provider must have written policies and procedures addressing client confidentiality as it pertains to all applicable state and federal laws, including, but not limited to, Title 33, HIPAA, and A&D Confidentiality Regulations CFR-42, Part 2. The policy must include, but not be limited to the following standards:

1. All information regarding the client will remain confidential and will be used only for treatment purposes.
2. All confidentiality precautions utilized for face-to-face encounters will apply to telepsychiatric services.

C. Informing Clients of Privacy and Confidentiality Standards

Prior to beginning telepsychiatric services, the provider must review with the client the provider's privacy and confidentiality standards applicable to the provision of said services.

Prior authorization and continued authorization are subject to the same criteria as a face-to-face encounters for the same service.

Plans of Treatment

Telepsychiatry services/encounters will be incorporated into the client's plan of treatment, as for face-to-face services/encounters. Any change in the telepsychiatric component of services must be treated as a change to the plan of treatment.

Medical Records

The production and maintenance of medical/clinical ("medical") records of telepsychiatric interventions must be consistent with medical records for traditional face-to-face services. Client medical records must comply with all applicable state and federal laws, including, but not limited to HIPAA. Additionally, telepsychiatric aspects of medical record production and maintenance must include, but not be limited to the following:

- A. The owner of the medical record must be identified, along with the location where the original record is to be kept. If the record is kept at the site where the client is being seen, arrangements must be made to have a copy of the record at the site of the consulting/treating physician as well – not only for routine care but also in case of emergencies.
- B. Access to telemedical records, as well as storage and disposal of records must be consistent with medical records for traditional face-to-face services.
- C. Each Telepsychiatry encounter must be documented according to organizational policy in the medical record. Documentation must include the following general and telepsychiatry-specific aspects of medical record documentation:
 1. The location of the clinician providing the service, which may be different from the location of the client;
 2. The location of the client (town, facility where client is physically located);
 3. Type of equipment used and, if applicable, any malfunction that may affect clinical care;
 - If the quality of a transmission was poor, this fact must be documented in the client's medical record.
 4. Who was present during the telepsychiatric service, including health care practitioners, clients and their family members/significant others. The roles of the health care practitioners must be documented also.

Quality Monitoring

As with other forms of medical care, telepsychiatric care is subject to quality assurance monitoring. Telepsychiatric procedures must be systematically monitored and evaluated as part of the overall quality improvement activities of a facility. Client satisfaction surveys must include/address satisfaction with telepsychiatry services.

Prerequisites for Practitioners

To provide telepsychiatry services, practitioners must meet all of the following requirements:

- A. Licensure / Credentialing
Behavioral health practitioner licensure and credentialing requirements are the same for telepsychiatry as for non-telemedicine services.

1. Psychiatrists
 - Psychiatrists must hold a valid current and unrestricted Georgia license to practice medicine.
 - Additionally, the physician will be board-eligible or board-certified.
2. Licensed behavioral health providers must hold a valid current and unrestricted Georgia license in their respective discipline, and the scope of services being provided must be the same allowed by that licensure in face-to-face situations.
 - Providers of telepsychiatry must be credentialed according to Magellan guidelines.

B. Training

Only behavioral health professionals who have been trained in the provision of such services, including use of the videoconferencing equipment, are eligible to provide telepsychiatry services. Providers must have a training program in place to ensure the competency of any/all staff members involved in videoconferencing care services. Providers also must assure that the training program includes on-going continuing education on videoconferencing, as necessary to ensure that staff remain current in their knowledge and expertise.

Training must include:

1. Familiarity with the equipment, its operation and limitations
2. Familiarity with procedures to follow for equipment problems and/or failures
3. Safeguarding the confidentiality and security of telemedical records, including compliance with all applicable state and federal laws, including, but not limited to, HIPAA regulations – at both the client-interface location and physician’s location. Practitioners must assure the same rights to confidentiality and security as provided in face-to-face services.

Provider/Practitioner Liability Insurance

The CSB and physician/practitioners must have current professional liability insurance in place. Providers must ensure that their malpractice carriers cover the use of telemedicine. Each provider/organization must ensure that all clinical staff involved in the provision of telepsychiatry services have malpractice coverage in accordance with Magellan’s credentialing requirements, as with the provision of any other service.

Equipment for Videoconferencing

Selection of videoconferencing equipment is based on ease of use, image and sound quality, cost, and suitability to given applications. The equipment chosen will be of adequate quality to obtain the expected results, that is, results commensurate with that obtained in a traditional face-to-face setting. The major components include monitors, cameras, CODEC (coder/decoder), a desktop computer, microphones, speakers and other audiovisual interactive technologies, such as videophones.

Organizational policies and procedures must be developed and followed regarding equipment quality-control standards. Providers will keep all telepsychiatry equipment in proper working condition and replace equipment, as necessary, to ensure clinical results that are comparable to face-to-face clinical results. Steps may need to be taken to ensure confidentiality, such as keeping the equipment in a locked room with limited access. As previously noted, monitoring and evaluation the quality of telepsychiatric services, including evaluation of videoconferencing equipment, will be a component of continuous quality assurance activities.

A. Equipment Problems ~ Equipment Failure

Provider must have procedures in place to manage equipment problems and failures. Providers must consider the following aspects of equipment management:

1. The behavioral health practitioner initiating the videoconference is responsible for attempting to re-establish adequate two-way communication.
2. In emergency situations, it is essential that there be adequate personnel at the remote/client-interface location in the event of equipment problems or failure.
3. In the event of equipment failure, a procedure must be in place to ensure prompt client measures to ensure continuity of care, e.g., conduct a face-to-face assessment, conduct an in-home visit, direct the client to go the emergency department of the nearest hospital.

Reimbursement

When allowed by contract, reimbursement for telepsychiatry services must follow customary charges for the delivery of the appropriate CPT code(s).